



**TOWN OF BURRILLVILLE  
CHANGE OF ADDRESS FORM**

**ACCOUNT NUMBER:**

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**PLAT/LOT:**

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**PROPERTY LOCATION:**

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**OLD MAILING ADDRESS:**

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**NEW MAILING ADDRESS:**

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**NAME OF PERSON  
REQUESTING CHANGE:**

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**RELATIONSHIP TO OWNER:**

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**REASON FOR CHANGE:**

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**PHONE NUMBER:**

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Signature

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Date